

BILE ACID SEQUESTRANTS PA SUMMARY

Preferred	Non-Preferred
Cholestyramine powder generic Cholestyramine light powder generic Colestipol granules, packets and tablets generic Prevalite powder (cholestyramine light)	Cholestyramine powder packets generic Cholestyramine light powder packets generic Colestid granules (colestipol) Welchol (colesevelam)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Cholestyramine Powder and Light Powder Packets Generic

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred products, generic cholestyramine powder (in a can) and cholestyramine light powder (in a can), are not appropriate for the member.

Colestid Granules

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred products, generic colestipol granules and at least one other preferred product, are not appropriate for the member.

Welchol

- ❖ For hyperlipidemia, approvable for members ages 10-17 who experience ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to cholestyramine.
- ❖ For hyperlipidemia, approvable for members 18 years or older who experience ineffectiveness, allergies, contraindications, drug-to-drug interactions, or a history of intolerable side effects to two preferred products.
- ❖ For Type 2 diabetes, approvable for members 18 years or older who experience ineffectiveness, allergies, contraindications, drug-to-drug interactions, or a history of intolerable side effects to metformin.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on

Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.